DOCUMENT RESUME

ED 380 204 PS 023 009

TITLE	Family Planning in Sweden. Fact Sheets on Sweden.
INSTITUTION	Swedish Inst., Stockholm.
REPORT NO	ISSN-1101-6124
PUB DATE	Oct 94
NOTE	3p.
PUB TYPE	Reports - Evaluative/Feasibility (142)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Abortions; Birth Rate; Contraception; *Family Planning; *Federal Legislation; Foreign Countries; Medical Services; Sex Education; *Sexuality; Social Attitudes; Social Influences
IDENTIFIERS	Historical Background; *Sweden

ABSTRACT

This fact sheet explores attitudes in Sweden toward sexuality and childbirth from a historical perspective. After describing the strict social control over abortion and contraception in place 100 years ago, and the gradual easing of those controls in response to the low birth rate, the paper goes on to discuss the 1974 Abortion Act, which legalized abortions, and the 1976 Sterilization Act. Next, the fact sheet examines the National Family Planning Program, which initiated three important activities: (1) sex education in schools and public information about sexuality and personal relations; (2) expansion of contraceptive services and family planning services within the public health systems; and (3) access to safe, legal abortions). The final sections of the fact sheet evaluate the effects of legalized abortion and abortion prevention work, noting that contraceptive services are easily accessible and free of charge in the health services, a woman wanting an abortion may consult a social worker, and most abortions are performed at an early stage of pregnancy. (AP)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 380 204

Family Planning in Sweden

Attitudes in Sweden towards sexuality, birth control and childbirth have changed radically over the last hundred years. Women's reproductive health has improved, as has the ability of women and men to plan their families. Important social reforms behind this development are sex education in schools, public information about sexuality and personal relations, legislation on abortion, sterilization and birth control, as well as comprehensive ante-natal and family planning services integrated into the public health system.

Fact Sheets on Sweden

Printed in Sweden, October 1994
Classification: FS 73 o Vn
ISRN SI-FS--94/73-O--SE
ISSN 1101-6124

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Historical perspective

A hundred years ago, social control over sexuality and childbearing was strict in Swedish society. A law from 1910 banned all information about and sales of contraceptives. Abortion was a crime which could lead to imprisonment for the woman and her accomplice. Despite a very limited access to contraceptives a rapid demographic change took place at the beginning of the 20th century. The total fertility rate dropped from four children per woman in 1900 to 1.7 in the mid-1930s.

Information about the contraceptive methods of the day, the condom and the diaphragm, was disseminated by individual popular educators and non-governmental organisations. People used traditional practices, such as coitus interruptus, lengthy breast feeding and periods of abstention. There were also considerable numbers of illegal abortions.

In the 1930s, partly as a reaction to the low birth rate, a number of social reforms were introduced. These included universal ante-natal and child care. The ban on contraceptives was lifted and birth control services were gradually introduced in ante-natal clinics, both after childbirth and for childless women.

Sex education was introduced into the school curriculum in 1942. Sex education focused initially on biological facts about reproduction and how to protect oneself against unwanted pregnancies and venereal diseases. Only sexual relations within marriage were condoned.

The absolute ban on abortions was lifted in 1938 by a law which permitted abortion on medical, humanitarian and eugenic grounds. In 1946 a social medicine indication was added, and a further addition in 1963 allowed for abortion in the case of possible foetal damage. Permission for an abortion was granted by the then National Medical Board (now National Board of Health and Welfare, *Socialstyrelsen*) after meticulous investigation. It was also possible to obtain an abortion with the consent of two doctors: a psychiatrist and a gynaecologist.

In the 1950s, abortions were chiefly granted to women with somatic or mental illnesses or those who already had a large family. Sometimes permission was given on the condition that the woman was sterilized at the same time. Such forced sterilizations continued until the 1960s.

In the period 1930—1960, between 3,000 and 6,000 legal abortions were performed each year, while the annual number of illegal abortions was estimated at 15,000—20,000. Illegally induced abortions were particularly common among young women, and complications arising from these illegal practices caused many deaths.

Social attitudes changed in the 1960s and sexual freedom grew, but the abortion law was still strictly applied. Many women went abroad (to Poland) or paid privately for an abortion. Many young women who could not pay turned to backstreet abortionists. Women's groups and activists protested against women having to endanger their health and a lively public debate ensued.

In 1965, a government commission was charged with the task of liberalizing the abortion law. The old law was being applied increasingly liberally and the number of legal abortions rose year by year. The increase in teenage abortions in the first half of the 1970s was a new phenomenon. In 1970, 16,000 abortions were carried out. Eventually, the number of illegal abortions fell and, as far as is known, no illegal abortions have been carried out in Sweden since the end of the 1960s. In 1974, Parliament approved a new Abortion Act, making abortion free on request. The number of legal abortions that year was 30,600.

Birth control legislation in the 1970s

In addition to the Abortion Act, Parliament granted SEK 1 million per year for five years to the National Board of Health and Welfare for a long-term health education programme aimed at preventing unwanted pregnancies. Further money was allocated to women's groups, youth groups and immigrant organisations for contraception information. State grants were allocated to contraceptive services. 1974 also saw a new law on free services and contraceptives at subsidized prices.

The Abortion Act

Under the 1974 Abortion Act, a woman has the right to an abortion up to the end of the 18th week of pregnancy. The Act provides for consultation with a social worker from the 12th to the 18th week if the woman and her doctor find this to be advisable. After the 18th week, permission must be obtained from the National Board of Health and Welfare, which can approve an abortion in certain circumstances. The upper time limit for an abortion is determined by the foetus's ability to survive ex utero. At present, this means that abortions may not be performed after the end of the 22nd week. The right to an abortion extends to Swedish citizens and foreign women who have been resident in the country for at least three months. Women from other countries staying temporarily in Sweden must obtain permission from the National Board of Health and Welfare. The abortion must be carried out at a general hospital by a qualified medical doctor.

The Sterilization Act

According to the 1976 Sterilization Act, sterilization is permitted for men and women over the age of 25. One condition is that the individual shall be given comprehensive information about the nature and consequences of the operation. In the age group 18—24, sterilization is only permitted on genetic or (for women) medical grounds. No one under the age of 18 may be sterilized for the purpose of birth control. The Act also prohibits any authority, representative of society, guardian or other person from putting pressure on an individual to be sterilized. Some 7,000 sterilizations are performed every year in Sweden, of which three-quarters are on women. Less than 10% of all those who use any form of contraception choose sterilization.

Births and abortions, 1975–1993

Year	Number of live births	Births/1,000 women, 15–44	Number of abortions	Abortions/1,000 women, 15–44	Abortions/100 pregnancies
1975	103,632	64.4	32,526	20.2	23.8
1980	97,064	57.3	34,887	20.6	26.4
1985	98,463	56.4	30,838	17.7	23.9
1990	123,938	70.4	37,489	21.3	23.2
1991	123,737	70.9	35,788	20.5	22.4
1992	122,699	70.8	34,849	20.1	22.1
1993	117,846	68.3	34,170	19.8	22.4

Source: National Board of Health and Welfare, National Centre for Health Statistics, 1993

A national family planning programme

The family planning programme initiated in the 1970s comprised three elements: education about sexuality and personal relations in school and in society, an expansion of contraceptive services within the public health system, and access to safe, legal abortions.

Sexuality and personal relations in school and society

The curriculum for sex education in schools was reformed and developed in the 1970s. Teacher training was improved. The aim was

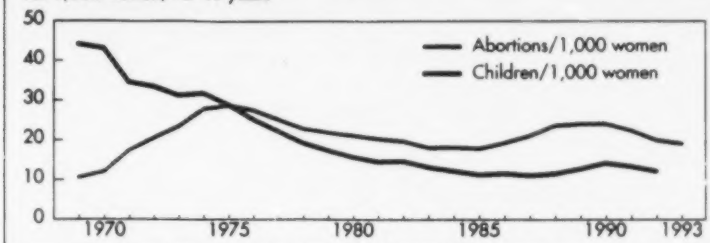
PS 023009

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
K. Jonsson
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE

Births and abortions, women under 20, 1969–93

Per 1,000 women, 15–19 years



Source: National Board of Health and Welfare, National Centre for Health Statistics, 1993

now to present sex life as a source of happiness and togetherness. Information about personal relations, reproduction and birth control was to be given in different steps and adapted to the age and developmental stage of the pupils. The issues of sexuality, ethics, relationships and feelings were to be integrated into a number of other school subjects such as biology, religion and social studies.

In the 1970s, the National Board of Health and Welfare carried out a programme aimed at preventing unwanted pregnancies by means of information about sex and personal relations. Public information was disseminated by training educators to work in schools, the health care and social services, the leisure sector, the Church and voluntary organisations.

Abortion was put into a broader context and the information conveyed a positive and responsible attitude to sexuality and birth control. The underlying message was that of the child's right to be wanted.

Contraceptive services

Parallel with this information programme, contraceptive services were expanded throughout the country. Midwives working in ante-natal care were trained to give advice on birth control, thus allowing such services to be available at local medical centres everywhere. In many places, such advice was also offered by the school medical services and youth centres.

Teenagers and their parents were an important target group. One tangible result was that the number of teenage pregnancies — births and abortions — fell from 1975 onwards. Another consequence was a more open attitude to sexuality in society and better relations between young people and adults. In recent years there has been greater emphasis on sexually transmitted diseases (STD). Experience gained from the health education programmes of the 1970s have proved important in efforts to prevent STD, including HIV/AIDS. The aim is to give information about risks and ways of transmission while maintaining a positive and responsible attitude to sexuality.

Evaluation of the Abortion Act and abortion prevention work

A governmental sub-committee was appointed in 1980 to evaluate the 1974 Abortion Act and the associated prevention programme. The committee established that the overall abortion rate had not risen and that illegal abortions had completely ceased. When abortion was decriminalized, abortions could be carried out earlier, which meant fewer risks for the woman and less of a burden for the health services.

A governmental sub-committee on "the unborn child" also reviewed the time limits set by existing legislation. This was necessary because the sex of the child and other foetal diagnoses can be established earlier now, while the lives of premature babies can also be saved ever earlier. The committee found no call for any changes in the law.

The situation today

Family planning

Two effective contraceptives became available in the 1960s: the Pill and the interuterine device (IUD). Women's ability to plan their childbearing increased. The birth rate dropped, but above all women delayed having children. Many young men and women nowadays wish to wait until they have completed their studies, established themselves in a profession and feel that they are mature enough to become a parent before having children.

Around 70% of all sexually active couples use contraception. Three-quarters of these are distributed fairly evenly between three methods: the Pill, condoms and IUD. Others use coitus interruptus or safe periods, the cap, or sterilization. The choice of contraceptive method varies in different age groups. The Pill and condom are most usual before the childbearing period. Most common among those who have completed their families is the IUD, followed by condom/coitus interruptus, the Pill and sterilization.

Contraceptive services are easily accessible and free of charge in the health services. Youth advisory centres or special times set aside for young people are quite common. The staff is trained to meet teenagers' needs. IUDs and caps are free. Condoms can to some extent be given free at consultation, but are usually sold at market price. The contraceptive pill was previously heavily subsidized; today, however, a three-month prescription costs as much as a whole year's supply before. Nevertheless, many county councils (which run the health care services in Sweden), offer the Pill free to young women as part of their efforts to prevent abortions.

Abortion statistics

The total number of annual abortions over the past twenty years has been around 35,000. The abortion rate for women of fertile age has been, with minor fluctuations, just under 20 per thousand. Around 18 abortions per thousand women were carried out in 1985 and 19.8 in 1993. The percentage of abortions in relation to all known pregnancies has been constant at just under 25%, with the exception of a short period around 1980.

The greatest changes in the abortion rate have been seen in the youngest age groups. Twenty years ago abortions were most common among women of around 25; this has risen to about 30. This shift is linked to the increasing tendency to postpone childbearing.

Abortion methods

A woman wanting an abortion may consult a social worker if she so wishes. The aim of abortion counselling is to help the woman to reach a decision she is happy with and then give her support, regardless of whether she decides to terminate or to proceed with the pregnancy.

Most abortions today are performed at an early stage of pregnancy and 94% are carried out in the primary care services. In 1992, 92.5% of all abortions were performed before the 12th week of pregnancy and 6.7% in weeks 12—17. Practically all abortions are performed by vacuum aspiration. The operation is carried out under general or local anaesthetic and seldom involves hospitalization.

Late abortions after the 18th week, which need the consent of the National Board of Health and Welfare, constitute 0.6% of all abortions, or around 250 cases per annum. Most of these are carried out after amniocentesis has indicated hereditary disease or a chomosomal disorder. Other reasons can be severe social problems or a radical change in the pregnant woman's circumstances.

SEK 1 (Swedish krona) = USD 0.13 or GBP 0.08

For further information please contact:
The Swedish Embassy or Consulate in your country (in the U.S.: The Swedish Information Service, One Dag Hammarskjold Plaza, New York, N.Y. 10017-2201)

THE SWEDISH INSTITUTE
Box 7434, S-103 91 Stockholm, Sweden
Office: Sverigehuset (Sweden House), Hamngatan/Kungsträdgården, Stockholm

This fact sheet is published by the Swedish Institute as part of the Swedish information service abroad and is intended to be used for reference purposes. It may be freely used in preparing articles, speeches, broadcasts, etc. No acknowledgement is necessary. Please note the date of publication.